

**EAST SAN DIEGO COUNTY ASSOCIATION OF REALTORS®
OFFICE INFORMATION SHEET**

BROKER OFFICE I.D. # _____ DATE: _____

- | | | | | |
|--|---|--|---|--|
| <input type="checkbox"/> NEW MEMBER
If a Branch Office Main
Office # is needed
_____ | <input type="checkbox"/> CHANGE
Name, Address
phone number
etc. | <input type="checkbox"/> INACTIVE
Broker comes out
of roster. | <input type="checkbox"/> DELETE
Broker becomes
Completely
Deleted | <input type="checkbox"/> REACTIVATED
Broker is put back
in roster . |
|--|---|--|---|--|

Previous Information - Please Print Clearly

Office Name _____ REALTOR® Designate _____

Address _____ City _____ Zip _____

Telephone Number _____

Mailing

Address _____ City _____ Zip _____

Office Name Change _____

Realtor Designate Change _____

Delivery Address Change _____

Telephone Number Change _____

E-Mail address: _____

Signature _____
(Realtor Designate or Authorized Rep.)

For Office Use Only.....

Date Received _____ Date Entered in Computer _____

AFFILIATE **BOARD /MLS** **MLS ONLY** **BOARD**

You may fax to 619-588-6510 attention: Membership

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